

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2015
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NAME OF PROVIDER OR SUPPLIER ROCK ISLAND NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610 a) 300.1010h) 300.1210b) 300.3240a) 300.3240b)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **06/25/15**

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S9999	<p>Continued From page 1</p> <p>Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to recognize swollen and bruised female genitalia as potential sexual abuse, failed to immediately report an incident of possible sexual abuse to the administrator and failed to promptly investigate an incident of possible sexual abuse involving R4, one of 14 residents reviewed for abuse in the sample of 22. This failure has the potential to affect nine residents (R4, R14, R15, R18, R19, R20, R24,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R25, and R27) in the sample of 22 and 19 residents (R5, R32 to R48 and R86) in the supplemental sample who live on the second floor of the facility and the facility failed to follow its policy on abuse prevention by not immediately reporting an incident of potential sexual assault to the facility Administrator, physician, law enforcement, and responsible party; and failed to follow their policy and investigate timely an incident of potential sexual assault involving one resident (R4) of 14 residents reviewed for abuse in a sample of 22. R4 exhibited multiple bruising on the arms, face, handprint type bruising on R4 ' s right inner thigh, scratches on R4 ' s right inner thigh as well as a swollen, reddened and bruised labia (vaginal area). These failures have the potential to affect nine residents (R4, R14, R15, R18, R19, R20, R24, R25, and R27) in the sample of 22 and 19 residents (R5, R32 to R48 and R86) in the supplemental sample who live on the second floor of the facility.</p> <p>Findings include:</p> <p>On 05/29/15 at 2:50 P.M., R4 was lying in bed in R4's room on the second floor, looking around the room. Yellow/green bruising was present around R4's right eye and multiple purple bruises of various sizes were present on both of R4's arms, including fingertip bruising to R4's right upper arm. A yellow/purple 20 X 10 CM (centimeter) bruise was present on R4's posterior right upper thigh. A green/purple hand print shaped bruise was present to R4's left upper, inner thigh. Scratches were also present to R4's right inner thigh. A 3 CM purple bruise was present on R4's right labia. The labia was also swollen and red.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R4's Nurses' Notes dated 05/24/15 at 7:03 P.M. document, "CNA assigned to resident alerted this nurse to resident's 'red vaginal area'. Upon exam (examination) per this nurse labia (right side) is red and swollen and resident's clitoris has obvious swelling. Origin of swelling and redness is unknown, will pass information to oncoming shift to monitor and have Nurse Practioner (Z1) examine area in the A.M."</p> <p>R4's Nurses' Notes dated 05/25/15 at 12:46 A.M. document, "Res (resident) vaginal area remains red and swollen and very tender to touch. Tylenol Elixir given for discomfort."</p> <p>R4's Nurses' Notes dated 05/25/15 at 5:36 A.M. document, "Noted bruising to inner thighs injury. Skin report made. 5:25 A.M., Administrator (E1) notified. Also (E14 Assistant Director of Nurses) called at 5:27 A.M."</p> <p>R4's Nurses' Notes dated 05/25/15 at 8:33 P.M. document, "Resident sleeping most of shift. Noted right side of face to be slightly 'puffy' especially around resident right eye. Resident repositioned per staff. Resident noted to have what appears to look like scratch mark on her right inner thigh, and resident remains very 'guarded of her genital' area."</p> <p>The facility form, titled "Initial Report to IDPH Regional Office" dated 05/25/15 includes a "Fax Transmission Journal" with a time stamp of 08:40 (8:40 A.M.).</p> <p>On 05/29/15 at 3:00 P.M., E3 (Licensed Practical Nurse) stated, "This past Sunday (05/24/15), around 5:00 P.M., E5 (Certified Nursing Assistant) came and got me and said I want you to look at (R4). When I got to the room, (R4)'s</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>covers were down. (R4) was very guarded of (R4)'s vaginal area. (R4) kept (R4)'s legs closed, (R4) didn't want anyone looking at it. I noticed right away that the right side of (R4)'s vagina was very swollen and (R4) had scratch marks on (R4)'s right thigh. There also appeared to be a hand print on (R4)'s right thigh. I did not notice any vaginal bleeding. I also noticed swelling and bruising under (R4)'s right eye. (R4) did not have any bruising when I saw (R4) before (Sunday)."</p> <p>On 05/29/15 at 3:25 P.M., E4 (Registered Nurse) stated, "After supper (on 05/24/15),(E3 Licensed Practical Nurse) asked me to come look at something on (R4). It was around 5:00 P.M. (R4)'s vagina was swollen and red. There was fresh bruising on (R4)'s inner thighs. (R4) was withdrawn, which wasn't like (R4). She also had a bruise to (R4)'s right eye, around the cheek bone. I told (E3) we need to report it. Instead (E3) had the two third shift nurses look at (R4) around 10:00 or 10:30 (P.M.)."</p> <p>On 05/29/15 at 3:35 P.M., E5 (Certified Nursing Assistant) stated, "When I went into (R4)'s room, (R4) had (R4)"s private area exposed. It looked unusual. There was a flap of skin hanging from the vagina. There was redness. We (E8/Certified Nursing Assistant and I) had E3 and E4 come into the room and look at (R4)."</p> <p>On 05/29/15 at 3:50 P.M., Z1 (Nurse Practioner) stated, "Last Monday (05/25/15) I was off. I got called at 6:30 A.M. by (E9 Licensed Practical Nurse). (E9) let me know there was some bruising to (R4)'s upper extremities and thighs and swelling to (R4)'s vaginal area. I came in at 10:30 A.M. (R4) had contusions to the left upper arm and left posterior shoulder. Contusions to the left hip area, over the greater trochanter, pin-point</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>bruises to the right upper arm and bruising to the posterior inner thighs. I checked (R4)'s vaginal area and noticed slight edema to the labia majora. I was on call for (E10 Physician) Sunday night (05/24/15) and I did not receive a call that night. If I knew the way (R4) was acting, how (R4) was withdrawn and fearful along with all the bruising and scratches I would have sent (R4) to the ER (Emergency Room) that night to be assessed for sexual assault."</p> <p>On 05/29/15 at 4:10 P.M., E6 (Certified Nursing Assistant) stated, "I worked Sunday (05/24/15) from 6:00 A.M. until 10:30 P.M. (R4) was in my group. I saw (R4) for the first time that day around 7:00 A.M. I did A.M. (morning) care that day. I noticed a few bruises on (R4)'s arms. I also did peri care (perineal care) that morning and didn't notice anything unusual. We did not get (R4) up that day in the (mechanical lift). (R4) was in bed all day. I became aware of the situation around 5:00 P.M., when the CNAs (Certified Nursing Assistants) and Nurses started talking about it."</p> <p>On 05/29/15 at 4:20 P.M., E2 (Director of Nurses) stated, "E1 (Administrator) called me on Monday morning (05/25/15) at 5:30 A.M. and told me we have a possible abuse allegation. (E1) stated that staff had noticed bruising and redness on (R4)'s labia and inner thighs. I came to the facility immediately, (R4) was in dialysis. Around 10:00 A.M., I took E11 (Licensed Practical Nurse) with me and looked at (R4). I noticed redness under (R4)'s right thigh, a small bruise on (R4) left inner thigh. Nothing obvious to (R4)'s vaginal area. I called the non-emergency police number. They told me that if it was an emergency to hang up and call the emergency number. I called the elder officer a few days later and reported it."</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 05/29/15 at 4:35 P.M., E1 (Administrator) stated, "(E12) Licensed Practical Nurse called me about 5:30 A.M. on Monday morning (05/25/15). (E12) said (E12) had found bruising on (R4)'s inner thighs and redness and swelling of (R4)'s vaginal area. I was out of town, so I called (E2 Director of Nurses) and (E2) came in."</p> <p>R4's Minimum Data Set (MDS) dated 03/19/15 documents a score of 3 (severely impaired) under section C: Cognitive Patterns.</p> <p>On 06/02/15 at 10:00 A.M., E10 (Physician/Medical Director) verified that E10 would expect to be notified of bruising to labia, inner thighs, hips, around the right eye and scratches to the right inner thigh and a resident acting unnaturally withdrawn and fearful immediately, so that further medical investigation, possibly including a sexual assault evaluation, could be completed. E10 stated, "Bruising develops on the extent of the injury. The harder you are hit, the deeper it develops. There is nothing in (R4)'s medical record to indicate (R4) has a condition that causes a delay in developing bruising. (R4) has advanced dementia. It's hard to know what (R4) is feeling. It is hard to communicate with (R4). We have to rely on labs (laboratory) to tell us what (R4)'s condition is." Multiple attempts to notify E8 Certified Nursing Assistant to discuss this incident were unsuccessful.</p> <p>The facility's Nurses' Midnight Census Report presented on 6/1/15 indicates that 28 residents (R4, R5, R14, R15, R18, R19, R20, R24, R25, R27, R32 to R48 and R86) currently live on the second floor.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The undated facility policy, titled Abuse Prevention Program Facility Policy instructs staff, "Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, mistreatment or misappropriation of resident property they observe, hear about or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator...Upon learning of the report, the administrator or designee shall initiate an incident investigation. The nursing staff is additionally responsible for documenting the appearance of suspicious bruises, lacerations or other abnormalities as they occur. Upon report of such occurrences, the nursing staff is responsible for assessing the resident, reviewing the documentation and reporting to the administrator. If the resident complains of physical injuries or if injury is suspected, the resident's physician will be contacted for further instructions...The facility shall also immediately contact local law enforcement authorities (i.e., telephoning 911 where available) in the following situations:sexual abuse of a resident by a staff member, another resident or a visitor."</p> <p>On 05/29/15 at 2:50 P.M., R4 was lying in bed in R4's room on the second floor, looking around the room. There was multiple bruising on R4 ' s arms, face, and handprint type bruising on R4 ' s right inner thigh. There were also scratches present on R4 ' s right inner thigh as well as a swollen and bruised labia (vaginal area). R4's labia was swollen and red.</p> <p>R4's Nurses' Notes dated 05/24/15 at 5:03 P.M. document, "CNA assigned to resident alerted this nurse to resident's 'red vaginal area'. Upon exam (examination) per this nurse labia (right side) is red and swollen and resident's clitoris has</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>obvious swelling. Origin of swelling and redness is unknown, will pass information to oncoming shift to monitor and have (Z1 Nurse Practitioner) examine area in the A.M." The same notes contain no documentation that there was any notification to the facility Administrator, attending physician, responsible party, or law enforcement .</p> <p>R4's Nurses' Notes dated 05/25/15 at 5:36 A.M. (over 12 hours later) document, "Noted bruising to inner thighs injury. Skin report made. 5:25 A.M., (E1) notified. Also (E14 Assistant Director of Nurses) called at 5:27 A.M." The same nurse's note contained no documentation of attending physician, responsible party, or law enforcement being notified.</p> <p>On 05/29/15 at 3:25 P.M., E4 Registered Nurse stated, "After supper (on 05/24/15),(E3 Licensed Practical Nurse) asked me to come look at something on (R4). It was around 5:00 P.M. (R4)'s vagina was swollen and red. There was fresh bruising on (R4)'s inner thighs. (R4) was withdrawn, which wasn't like (R4). She also had a bruise to (R4)'s right eye, around the cheek bone. I told (E3) we need to report it. Instead (E3) had the two third shift nurses look at (R4) around 10:00 or 10:30 (P.M.)."</p> <p>On 05/29/15 at 4:35 P.M., E1 (Administrator) stated, "(E12) Licensed Practical Nurse called me about 5:30 A.M. on Monday morning (05/25/15). (E12) said (E12) had found bruising on (R4)'s inner thighs and redness and swelling of (R4)'s vaginal area. I was out of town, so I called (E2 Director of Nurses) and (E2) came in."</p> <p>On 05/29/15 at 3:50 P.M., Z1 (Nurse Practitioner) stated, "Last Monday (05/25/15) I was off. I got called at 6:30 A.M. by (E9 Licensed Practical Nurse). (E9) let me know there was some</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>bruising to (R4)'s upper extremities and thighs and swelling to (R4)'s vaginal area. I came in at 10:30 A.M. (R4) had contusions to the left upper arm and left posterior shoulder. Contusions to the left hip area, over the greater trochanter, pin-point bruises to the right upper arm and bruising to the posterior inner thighs. I checked (R4)'s vaginal area and noticed slight edema to the labia majora. I was on call for (E10 Physician) Sunday night (05/24/15) and I did not receive a call that night. If I knew the way (R4) was acting, how (R4) was withdrawn and fearful along with all the bruising and scratches I would have sent (R4) to the ER (Emergency Room) that night to be assessed for sexual assault."</p> <p>On 06/02/15 at 10:00 A.M., E10 (Physician/Medical Director) verified that E10 would expect to be notified of bruising to labia, inner thighs, hips, around the right eye and scratches to the right inner thigh and a resident acting unnaturally withdrawn and fearful immediately, so that further medical investigation, possibly including a sexual assault evaluation, could be completed. E10 stated, "Bruising develops on the extent of the injury. The harder you are hit, the deeper it develops. There is nothing in (R4)'s medical record to indicate (R4) has a condition that causes a delay in developing bruising. (R4) has advanced dementia. It's hard to know what (R4) is feeling. It is hard to communicate with (R4). We have to rely on labs (laboratory) to tell us what (R4)'s condition is."</p> <p>The facility's Nurses' Midnight Census Report presented on 6/1/15 indicates that 28 residents (R4, R5, R14, R15, R18, R19, R20, R24, R25, R27, R32 to R48 and R86) currently live on the second floor.</p>	S9999		

